

Master Plumber Change in Contractor Representation

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Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Plumbing Division
P.O. Box 30255
Lansing, MI 48909
517/241-9330

Fee: \$20.00

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| Authority: 2002 PA 733 Completion: Mandatory Penalty: Licensee may not receive license renewal application | The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency. |
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Instructions

- Section 23(5) states, "If a master plumber representing a plumbing contractor ceases to represent the plumbing contractor, the master plumber shall notify the department in writing within 30 days after the representation ceases."
- Complete application. **Type or print in ink.**
- Return your current pocket and wall license with this application** and enclose a check or money order made payable to the **State of Michigan** for \$20.00.
- The provisions of 2002 PA 733 states, "An individual licensed under this act employed or acting as a plumbing inspector shall not engage in, or be directly or indirectly connected with, the plumbing business including, but not limited to, the furnishing of labor, materials, or appliances for the construction, alteration, or maintenance of a building or the preparation of plans or specifications for the construction, alteration, or maintenance of a building and shall not engage in any work that conflicts with his or her official duties."
- Mail completed application, required documents, and fee to the address listed above.

Master Plumber Information

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|--------------|-------|----------|------------------|
| NAME | | | LICENSE NUMBER |
| HOME ADDRESS | | | TELEPHONE NUMBER |
| CITY | STATE | ZIP CODE | COUNTY |

Old Plumbing Contractor Representation

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|------------------|-------|----------|----------------|
| NAME | | | LICENSE NUMBER |
| BUSINESS ADDRESS | | | TOWNSHIP |
| CITY | STATE | ZIP CODE | COUNTY |

New Plumbing Contractor Representation

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| NAME | | | LICENSE NUMBER |
| BUSINESS ADDRESS | | | TOWNSHIP |
| CITY | STATE | ZIP CODE | COUNTY |

Certification

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|---|------|
| I hereby certify that the above information is true and accurate to the best of my knowledge. | |
| SIGNATURE OF MASTER PLUMBER | DATE |